



Building Inspection Department
 100 North Court Street
 Georgetown, KY 40324
 Phone: (502) 863-9802 Fax: (502) 863-4169

Permit Application Form

Permit Number

☐ City ☐ County

DEMOLITION APPLICATION

Construction Location		Zoning	
Owner		Contact Name	
Address		Contact Phone Numbers	
Contractor		Contact Name	
Address		Contact Phone Numbers	
Applicant is	<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Architect / Contractor		
TYPE OF STRUCTURE			
<input type="checkbox"/> Assembly <input type="checkbox"/> Industrial <input type="checkbox"/> Business <input type="checkbox"/> Factory <input type="checkbox"/> Garage		<input type="checkbox"/> Institutional <input type="checkbox"/> Educational <input type="checkbox"/> Mercantile <input type="checkbox"/> Storage <input type="checkbox"/> Deck	
		<input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Townhouse <input type="checkbox"/> Barn <input type="checkbox"/> Other _____	
DESCRIPTION of STRUCTURE			
The Structure is Constructed of what type of MATERIALS			
Foundation			
Main Structure			
Roof			
OTHER INFORMATION			
Building:	L	W	H
			Number of Stories
Is Structure	<input type="checkbox"/> Occupied <input type="checkbox"/> Vacant		Total Sq. Footage to be DEMOLISHED
If Residential – Number of Bedrooms			# Bathrooms
Assessment	\$	COST OF DEMOLITION	\$
CONDITIONS OF PERMIT			
➤ An Asbestos Report must be performed and the results submitted with this application. ➤ Adequate barricades must be provided before demolition work is started. ➤ The lot or land under and around the former structure must be clear of debris, properly graded and seeded. ➤ A FINAL inspection must be performed by this office.			

The undersigned hereby certifies they are the owner or the owner's agent of the property and that all information is true and accurate to the best of their knowledge.

Signature _____ **Date:** _____

OFFICE USE ONLY

Commercial Demolition Fee	\$ 100.00	Residential Demolition Fee	\$ 40.00	Erosion Control Fee	\$ 25
Receipt #		Date Received	/ /	Check #	
				Received By	



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AFFIDAVIT OF ASSURANCES*
PURSUANT TO KRS 198B.060 (10)

Comes the Applicant; _____, and states, pursuant to KRS 198B.060 (10), that all contractors and subcontractors employed or that will be employed on any activity under the above referenced project shall be in compliance with the Commonwealth of Kentucky requirements for Worker's Compensation Insurance (according to KRS Chapter 342) and Unemployment Insurance (according to KRS Chapter 341).

THIS the _____ day of _____, 20____.

Contractor, Owner or Owner's Agent

SUBSCRIBED AND SWORN to before me by _____

Applicant, on this the _____ day of _____, 20____.

Notary Public
State At Large

My commission Expires: _____

* () The Affidavit of Assurances is not required if the local building code official was presented the assurances upon issuance of the local building permit.

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- ☐ **Soil Erosion** – I am aware of and will comply with City of Georgetown Ordinance # 2010-14 Erosion Prevention and Sediment Control Requirements.
- ☐ **Inspections** – I am aware of the required inspections and the applicant's responsibility to schedule those inspections.

Signature of Applicant